

SANTA FE COUNTY

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RESOLUTION 2000 - 73

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on June 27, 2000, did request the following budget adjustment:

Department / Division: County Manager Fund Name: Jail Bond Proceeds, Jail Revenue Bond Debt Service, & Jail Operations

Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
360	0000	385	0400	Budgeted Cash / Special Assessments		407,534
405	0000	360	0301	Investment Income		88,000
518	0000	385	0500	Budgeted Cash / Enterprise Funds	407,534	
518	0000	360	0300	Investment Income	176,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					583,534	495,534

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
360	9001	481	8001	Capital Purchases / Buildings & Structures		401,029
360	9001	481	8010	Capital Purchases / Roadways (Bridge/Culvert)		6,505
405	0000	490	0100	Operating Transfer Out		88,000
518	9160	419	8001	Capital Purchases / Buildings & Structures	407,534	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					407,534	495,534

Requesting Department Approval: [Signature] Title: Deputy Finance Director Date: 6/21/00

Finance Department Approval: [Signature] Date: 6-21-00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 6-27-00

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
518	0000	390	0600	Operating Transfer In / Debt Service		88,000
TOTAL (if SUBTOTAL, check here _____)					583,534	583,534

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
518	0160	419	5003	Contractual Services / Professional Services	88,000	
TOTAL (if SUBTOTAL, check here _____)					495,534	495,534

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.
This request is to close the Jail Bond Proceeds Fund (360) and the Jail Revenue Bond Debt Service Fund (405) to the Jail Operations Fund (518). All construction for the jail has been completed and the bond proceeds fully expended. The Debt Service Fund (405) can be closed since debt service for the jail is paid out of the Jail Operations Fund (518) by the trustee.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
Closing the bond proceeds construction fund could not be initiated until the proceeds were fully expended, which occurred during Fiscal Year 2000.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring.
- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, cite statute and attach a copy.
This is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources for this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request impacts the capital purchases category by transferring the budgeted category from fund 360 to fund 518 and thereby closing fund 360.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request does not have an FTE impact.

1781046

SANTA FE COUNTY

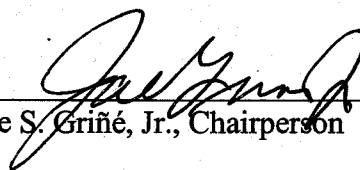
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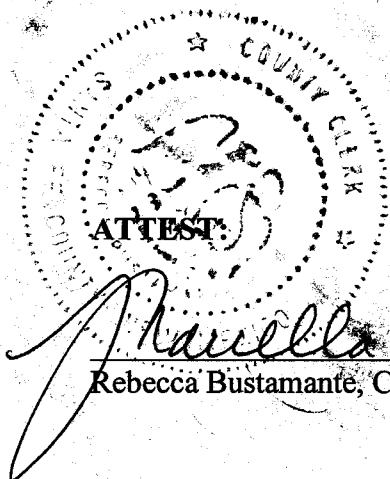
RESOLUTION 2000 - 73

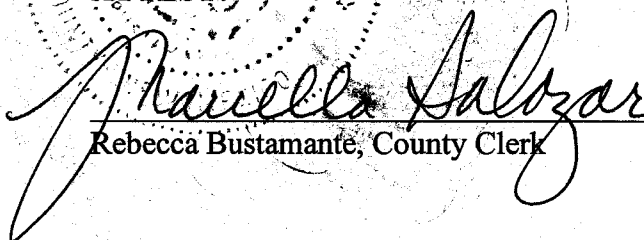
1781047
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of June, 2000.

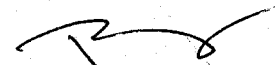
Santa Fe Board of County Commissioners

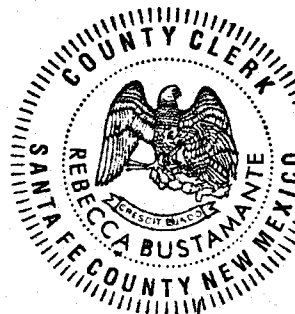

Joe S. Grifé, Jr., Chairperson

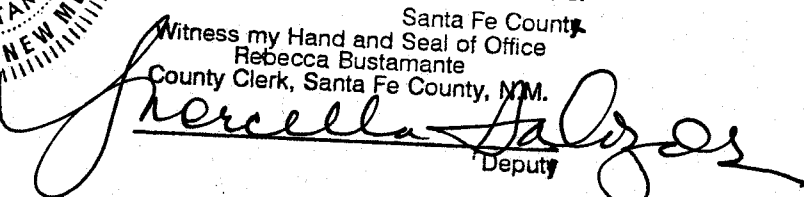


 For:
Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Barbara Mulvaney, Acting County Attorney



1121.141
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 28 day of June A.D.
20 00, at 8:11 o'clock a.m.
and was duly recorded in book 1781
page 43-47 of the records of
Santa Fe County.
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Deputy